

FedSource Wellness Center  
Denver Federal Center  
Bldg. 75

MEMBERSHIP Agreement  
Fiscal Year 2005  
Assumption of Risk - Waiver of Liability

<b>RMRC Use Only</b>	
Cash _____	Check _____
Amount Pd. _____	
Months Pd. For _____	
Agency _____	
Date _____	

Key Card Number: \_\_\_\_\_

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**Print Legibly Please**

**(\*\* Are required fields – must be completed in their entirety)**

Member's Full Name \*\*: \_\_\_\_\_

Agency \*\*: \_\_\_\_\_  
(Indicate full acronym with Dept/Bureau/Agency/Division of Fed. Employee)

Member Type: Federal Employee \_\_\_\_\_ Retired \_\_\_\_\_ Immediate Family \_\_\_\_\_  
Contractor \_\_\_\_\_

Office/Home Address \*\*: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office/Home Phone \*\*: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Emergency Contact \*\*: \_\_\_\_\_ Phone No. \*\*: \_\_\_\_\_

Physician \*\*: \_\_\_\_\_

Phone No \*\*: \_\_\_\_\_

If membership is of immediate family, please indicate name of federal employee: \_\_\_\_\_

If contractor, please indicate Federal Agency/contact name/phone number: \_\_\_\_\_  
\_\_\_\_\_

In consideration for access to the Wellness Center, I, \*\* \_\_\_\_\_  
employed by \*\* \_\_\_\_\_ make the following statements and representations,  
intending that FedSource and the Wellness Center rely thereon, and I agree that:

1. **I will be bound by and observe the Code of Conduct attached to this document.**
2. **If I become a member I agree to pay the established fee prior to my use of the Wellness Center and will always use the key card for access. Any questions regarding this requirement will be directed to FedSource in Building 41, Room 137 at the DFC; (303) 236-1942.**
3. I acknowledge my own responsibility for assessing the status of my own health and fitness to engage in an exercise program. To the best of my knowledge I am in good health and know of no ailment, impairment, or any other condition that would limit or restrict my using any equipment of the facilities of the Wellness Center. I understand that I should receive approval by my physician before engaging in any exercise program if I knowingly have ailments that could restrict that program. I realize that it is necessary for me to report promptly to a qualified medical doctor any signs or symptoms indicating any abnormality or distress.
4. In consideration of my acceptance as a member, I, for myself, my heirs, executors and administrators waive and release any and all claims and rights for damages I may have or hereafter may accrue against FedSource and/or the Wellness Center Contractor.
5. I assume all the of the risks inherent to any exercise program, and in the use of all equipment, implements, or machines involved in such fitness or exercise program, including but not limited to: injury, strain, sprains, heart attacks, stroke, arrhythmias (abnormal heart beats), blood pressure irregularities, which could lead to death, etc. whether self-inflicted or caused by the unintentional acts of others.
6. I acknowledge that the facilities and locker room are unmanned and not supervised, and therefore I personally assume the risk for personal property I take into the Wellness Center and I release the Wellness Center contractor, FedSource, the Department of the Interior/Minerals Management Service, and all its members for any liability resulting from the loss or theft of any valuables while I am using the facilities.
7. I will immediately notify FedSource (303) 236-1942 of any equipment I suspect or know of being defective, broken, inoperative, or dangerous. Knowing the above, I assume the risks of any injuries that may result from the use of defective equipment, machinery or facilities.
8. I understand that any disputes regarding my membership fees will be directed to the FedSource in Building 41 at the DFC; (303) 236-1942.

\_\_\_\_\_ \*\*(signature)

# Wellness Center

## Conduct Codes

*Users of the Wellness Center shall observe and obey by these conduct codes*

- Refrain from physically threatening behavior and/or abusive profane language toward fellow Wellness Center users, contract personnel, and the FedSource staff.
- Refrain from giving directions regarding the Wellness Center operations to contract personnel.
- Operate and use Wellness Center equipment /facilities in a reasonable safe manner. As well as clean up after each use.
- Pay all fees, as applicable, prior to using the Wellness Center Facility.
- Observe and obey the rules of operation; i.e., wiping off machines after use, placing used weights back on weight racks etc... Maintaining respectable/clean hygiene.

**Failure to observe the Conduct Code could result in debarment from the Wellness Center**

Questions or comments about the conduct code requirements should be referred to  
Forrest Simmons, Program Director, FedSource  
(303) 236-8140